

# **Alabama Medicaid Agency Pharmacy and Therapeutics**

**Date of Meeting: Wednesday, January 26, 2005**

## **Preferred Drug List Final**

Date Posted: Wednesday, February 9, 2005

### **AHFS Drug Class Reviewed: ANTI-INFECTIVES**

#### **Subclasses Reviewed**

- Macrolides**
- Quinolones**
- Sulfonamides-Single Entity**
- Sulfonamides-Combination Agents**
- Miscellaneous Antibacterials-Single Entity**
- Miscellaneous Antibacterials-Combination Agents**
- Antimycobacterials-Single Entity**
- Antimycobacterials-Combination Agents**
- Anti-Influenza**
- Interferons**
- Nucleosides and Nucleotides-Combination Agents**
- Urinary Anti-infectives-Single Entity**
- Urinary Anti-infectives-Combination Agents**

### **New Drug Reviews by Subclasses**

- Biguanides-FORTAMET**
- Estrogens-ESTROGEL**
- Miscellaneous Antihyperlipmic-VYTORIN**

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
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**Macrolide**

All covered products

**The Alabama Medicaid Agency has postponed this class for further review until the next Pharmacy and Therapeutics Committee meeting.**

\* Denotes generic  
available in at least one  
dosage form or strength

Drug name denotes all  
dosage forms and  
strengths unless noted

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Quinolones	All covered products	NONE	AVELOX CIPRO* CIPRO XR FACTIVE** FLOXIN* LEVAQUIN MAXAQUIN NEGGRAM NOROXIN TEQUIN ZAGAM

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\*\*Will be reviewed at a  
future time when eligible

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Sulfonamides Single Entity	All covered products	NONE	AZULFIDINE* AZULFIDINE EN GANTRISIN*

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**DRUG CLASS**

**Sulfonamides  
Combination**

**PREFERRED  
GENERIC/OTC**

All covered products

**PREFERRED BRAND**

NONE

**NON-PREFERRED  
BRAND**

BACTRIM\*  
BACTRIM DS\*  
SEPTRA\*  
SEPTRA DS\*

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**DRUG CLASS**

Miscellaneous  
Antibacterials  
Single Entity

**PREFERRED  
GENERIC/OTC**  
All covered products

**PREFERRED BRAND**  
CLEOCIN\*

**NON-PREFERRED  
BRAND**

COLY-MYCIN M\*  
CUBICIN  
KETEK\*\*  
LINCOCIN  
LINCOJECT  
TROBICIN  
VANCOCIN\*  
ZYVOX  
XIFAXAN\*\*

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strengths unless noted

\*\*May be reviewed at a  
future time when  
eligible

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Miscellaneous Antibacterials Combination Agents	All covered products	NONE	HELIDAC SYNERCID

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Antimycobacterials Single Entity	All covered products	NONE	LAMPRENE MYAMBUTOL* MYCOBUTIN NYDRAZID PASER PRIFTIN RIFADIN* SEROMYCIN TRECATOR-SC

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**DRUG CLASS**

**Antimycobacterials  
Combination**

**PREFERRED  
GENERIC/OTC**

All covered products

**PREFERRED BRAND**

NONE

**NON-PREFERRED  
BRAND**

RIFAMATE  
RIFATER

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Anti-Influenza	All covered products	SYMMETREL*	FLUMADINE* RELENZA TAMIFLU

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strengths unless noted

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Interferons	All covered products	PEG-INTRON ROFERON-A	ALFERON N INFERGEN INTRON A PEGASYS

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**DRUG CLASS**

**Nucleosides and  
Nucleotides  
Combination Agents**

**PREFERRED  
GENERIC/OTC**

All covered products

**PREFERRED BRAND**

SEE POSTING FOR  
OCTOBER 27 2004  
P&T MEETING

**NON-PREFERRED  
BRAND**

REBETRON

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strengths unless noted

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Urinary Anti-infectives Single Entity	All covered products	NONE	FURADANTIN HIPREX* MACROBID* MACRODANTIN* MANDELAMINE* MONUROL PRIMSOL PROLOPRIM* TRIMPEX UREX

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Urinary Anti-infectives Combination Agents	All covered products	NONE	PROSED EC PROSED/DS* TRAC 2X URELLE URIMAR-T* URIMAX* URISED* URO BLUE UROQID-ACID NO.2 UTA UTIRA*

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
<b>Biguanides</b>	All covered products	SEE POSTING FOR AUGUST 11 2004 P&T MEETING	FORTAMET

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
<b>Estrogens</b>	All covered products	SEE POSTING FOR MARCH 24TH 2004 P&T MEETING	ESTROGEL

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
Miscellaneous Antihyperlipemic Agents		SEE POSTING FOR DECEMBER 10TH 2003 P&T MEETING	VYTORIN

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